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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of: Pat A. Bolen, et al.

GAU: 2833

Serial No: 10/721,168

Examiner: Harvey, James R.

Filed: November 26, 2003

For: Flexible Flat Cable Termination Structure For A Clockspring

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required
 This application qualifies for small entity status. 37 C.F.R. §1.27.
 Additional documents filed herewith: Request for Continued Examination (RCE) Transmittal

Claims	Claims Remaining	Highest Number Prev. Paid		Number of Extra Claims	Rate	Fee
Total	10	10	-20	0	\$50	\$0.00
Independent	2	2	-3	0	\$200	\$0.00
		<input type="checkbox"/> Multiple Dependent Claims			\$360	\$0.00
		TOTAL OF ABOVE CALCULATIONS				\$0.00
		<input type="checkbox"/> Reduction by 50% for filing by Small Entity				\$0.00
		<input type="checkbox"/> Recordation of Assignment			\$40.00	\$0.00
					TOTAL	\$0.00

A check in the amount of \$790.00 is attached.

Please charge any additional Fees for the papers being filed herewith and for which no check is enclosed
 herewith, or credit any overpayment to deposit Account No. 23-2185. A duplicate copy of this sheet is enclosed.

If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. §1.136, and any additional fees required under 37 C.F.R. §1.136 for any necessary extension of time may be charged to Deposit Account No. 23-2185. A duplicate copy of this sheet is enclosed.

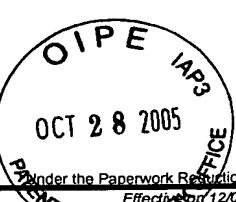
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PTO/SB/17 (12-04)
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Effect for 12/08/2004.

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 790.00)

Complete if Known

Application Number	10/721,168
Filing Date	November 26, 2003
First Named Inventor	Pat A. Bolan, et al.
Examiner Name	Harvey, James R.
Art Unit	2833
Attorney Docket No.	115584-00343

METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other	(please identify): _____
<input type="checkbox"/> Deposit Account Deposit Account Number: 23-2185			Deposit Account Name: Blank Rome LLP		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input type="checkbox"/> Credit any overpayments		

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)	Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 or HP =	x	=				

HP=highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
-3 or HP =	x	=			

HP=highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/ 50 =	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request for Continued Examination (RCE) Transmittal

Fees Paid (\$)

\$790.00

SUBMITTED BY

Signature	<i>Tara L. Hoffman</i>	Registration No. (Attorney/Agent) 46,510	Telephone (202) 772-5800
Name (Print/Type)	Tara L. Hoffman		Date October 28, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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